SOCIAL SECURITY NO.		Form W-4 EMPLOYEE'S	•	,	Internal Revenue Serv	
EMPLOYEE NAME		This certificate It will remain in		tax withholding ou change it.	purposes only.	
HOME ADDRESS	CITY		STATE		ZIP	
MARITAL STATUS: O SINGLE O MARRIED O AT HIGHER SINGLE RATE.				t name differs from that on your social security k here and call 1-800-772-1213 for more n.		
Total number of allowances you are claiming						
Additional amount, if any, you want deducted from each pay					\$	
claim exemption from withholding and I certify that I meet BOTH of the	e following conditions for exempt	ion:				
Last year I had a right to a refund of ALL Federal income tax with	thheld because I had NO tax liabi	ility; AND				
This year I expect a refund of ALL Federal income tax withheld I	because I expect to have NO tax	liability.	_			
If you meet both of the above conditions, enter the year effective and "EXEMPT" here					year	
Under penalities of perjury, I certify that I am entitled to the number of v	withholding allowances claimed of	on this certificate, or t	that I am entitl	ed to claim exer	mpt status.	
Employee's signature & date >					EIN (payroll use)	

Instructions for completing the Form W-4 Card and/or additional cards may be obtained by contacting Payroll.